Attachment 1



MAIL OR HAND DELIVER TO: Office of Management and Budget, 301 King Street, Room 3600, (Third Floor of City Hall) Alexandria, Virginia 22314. Attention: Idania Padrón

CITY OF ALEXANDRIA, VA
FY 2006 REQUEST FOR GRANT PROPOSALS
COMMUNITY PARTNERSHIP FUND FOR HUMAN SERVICES

FOR OCTOBER 1, 2005 - SEPTEMBER 30, 2006

FY 2006 Application Cover Sheet

Organization's Legal Name: Project Title: Organization's Address:	Would your organization like to be considered for two-year funding? Please indicate below: □ Yes or □ No
Organization's Website Address:	
Executive Director's Name:	
Executive Director's Phone: Fax:	· · · · · · · · · · · · · · · · · · ·
Executive Director's Email:	
Contact Person's Name and Title:	
Contact Person's Phone: Email:	
Organization's Total Budget for FY 2006 (exclude in-kind contribution):	· · · · · · · · · · · · · · · · · · ·
Section of the Fund, "New" or "Established," in which applying for funding: (Ple	ease circle one)
Grant Amount Requested: NEW	/ ESTABLISHED
Geographic Area(s) Served:	
Population(s) Priority(ies) being addressed:	
Program Priority(ies) being addressed:	-
I certify that to the best of my knowledge, information regarding this proposal reflects ac estimates of planned/delivered services. The proposal was considered and approved Board of Directors on	
By signing this application, the undersigned offers and agrees if the proposal is accept for which prices are quoted, subject to final negotiation and acceptance by the City contract award.	
Executive Director (or name of representative)	Date bmit additional sheets as necessary.)

DEADLINE FOR SUBMISSION OF FY 2006 COMMUNITY PARTNERSHIP FUND FOR HUMAN SERVICES GRANT APPLICATION IS JANUARY 21, 2005, NO LATER THAN 4:00 P. M.